

***United States Court of Appeals  
for the Second Circuit***



**APPENDIX**





74-1260

6



*Handwritten: 1-10-10*

**PAGINATION AS IN ORIGINAL COPY**



Valerie M. Parisi, Claimant  
Aida A. Parisi, Wage Earner  
Account Number 131-10-5650

COURT TRANSCRIPT INDEX

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William S. Parisi for  
Valerie M. Parisi

131-10-5650

1

(Claimant)

(Social Security Number)

Aida A. Parisi

(Wage Earner) (Leave blank if same as above)

EXHIBITS

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
P.O. BOX 2518, WASHINGTON, D.C. 20013

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REFER TO: HA:C  
131-10-5650

February 28, 1973

BUREAU OF  
HEARINGS AND APPEALS

**ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW**

Mr. William S. Parisi for  
Valerie M. Parisi  
2488 East 7th Street  
Brooklyn, New York 11235

Dear Mr. Parisi:

Your request for review of the administrative law judge's decision has been carefully considered by the Appeals Council. The Council's consideration of your request has included all the evidence in your case, the law and regulations applicable to your claim, the evaluation of the facts and the reasoning in this decision, and your reasons for believing your claim should be allowed.

The Appeals Council has concluded that this decision is correct. Further action by the Council would not, therefore, result in any change which would be of advantage to you. Accordingly, the administrative law judge's decision stands as the final decision of the Secretary in your case.

If you desire a review of the decision by a court, you may commence a civil action in the district court of the United States in the judicial district in which you reside within sixty (60) days from this date. See section 205(g) of the Social Security Act, as amended (section 405(g), Title 42, United States Code). If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant.

Sincerely yours,

Charles M. Erisman  
Member, Appeals Council



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Take or mail original and all copies to your local social security office.

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CLAIMANT William S. Parisi for Valerie M. Parisi	CLAIM FOR <input type="checkbox"/> Entitlement to Disability Benefits (97) <input type="checkbox"/> Continuance of Disability Benefits (98) <input checked="" type="checkbox"/> Other Child's Insurance Benefits
WAGE EARNER (Leave blank if same as above.) Aida A. Parisi	(Specify type claim)
SOCIAL SECURITY NUMBER 131-10-5650	

I disagree with the hearing examiner's action on the above claim and request that the Appeals Council, Bureau of Hearings and Appeals, review it. My reasons for disagreement are:

See attached letter dated 12/8/72 from William S.

Parisi

Attach to this form, or forward within 10 days to the Appeals Council at the address shown below, any evidence you wish to submit.

Signed by: (Either the claimant or representative should sign - Enter addresses for both)		
SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE		CLAIMANT'S SIGNATURE
		/s/ William S. Parisi for Valerie M. Parisi
STREET ADDRESS		STREET ADDRESS
		2488 E. 7th Street
CITY, STATE, AND ZIP CODE		CITY, STATE, AND ZIP CODE
		Brooklyn, New York 11235
TELEPHONE NUMBER	DATE	TELEPHONE NUMBER
	12/8/72	855-2500

Claimant should not fill in below this line

Is this request filed within 60 days of the hearing examiner's action? ☒ Yes ☐ No

If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in the district office.

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Request for Review of Hearing Examiner's Action in this case was filed on the date shown and at the place indicated.  The APPEALS COUNCIL will notify you of its action on your request.	Date request for review was filed December 14, 1972
	Place where request for review was filed BHA-Bklyn, N.Y. 175 Remsen Street Brooklyn, N.Y. 11201 For the Social Security Administration
Appeals Council Bureau of Hearings and Appeals, SSA P.O. Box 2518 Washington, D.C. 20013	BY (Signature) Jack H. Hantman
	(Title) Administrative Law Judge
	BHA- Room 1201, 175 Remsen Street (Street Address) Brooklyn New York 11201 (City) (State) (ZIP Code)



DEC 14 1972

4

12/8/72

Grail Society Admin.  
Room 1201  
175 Riverside St.  
Brook 217

Re: Child's Ins. Benefits  
Valerie M. Parini  
131-10-5650

Your decision dated 12/1/72.

Gentlemen:

I hereby request the Appeals  
Court to receive the entire decision  
herein.

If I have to file any other  
forms please send the same as soon  
as possible. Thank you.

With S. Parini  
for Valerie M. Parini

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DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
BUREAU OF HEARINGS AND APPEALS

To: • Mr. William S. Parisi  
2488 East 7th Street  
Brooklyn, New York 11235

**NOTICE OF DECISION**

**PLEASE READ CAREFULLY**

If you disagree, in whole or in part, with the enclosed decision of the hearing examiner, you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date shown below.

You, or your representative, may file the request for review at the nearest office of the Social Security Administration, or you may file the request for review with the hearing examiner, or with the Appeals Council.

Unless you file a timely request for review by the Appeals Council, you may not obtain a court review of your case under sections 205 (g) and 1869 (b) of the Social Security Act.

This notice and enclosed copy of hearing  
examiner's decision mailed to the claimant on  
December 1, 1972

CC:

Name and Address of Representative:



DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
BUREAU OF HEARINGS AND APPEALS

6

HEARING DECISION

In the case of

William S. Parisi for  
Valerie M. Parisi  
(Claimant)

Aida A. Parisi  
(Wage Earner)(Leave blank if same as above)

Claim for

Child's Insurance Benefits

131-10-5650

(Social Security Number)

Statement of the Claim

This matter comes on for hearing before the undersigned, an Administrative Law Judge of the Bureau of Hearings and Appeals, Social Security Administration, pursuant to a Request for Hearing duly made on the 18th day of July, 1972, in behalf of the claimant, by William S. Parisi, her father, in accordance with the statute in such cases provided and the Regulations duly adopted by the Secretary of the Department of Health, Education, and Welfare, under the authority thereof.

The hearing was held at 175 Remsen Street, Brooklyn, New York, on the 8th day of November, 1972. Present at the hearing was William S. Parisi, father of the claimant, in the claimant's behalf. Neither the claimant nor her father were represented by attorney. Although William S. Parisi is an attorney, the claimant, through her father, expressly waived the right to be otherwise represented.

Jurisdictional and Procedural Considerations

Aida A. Parisi, mother of the claimant, died in New York City on March 5, 1967, fully insured under applicable provisions of the Social Security Act (20 CFR 404.109(a)(2)). The claimant, Valerie M. Parisi, daughter of the decedent (Exhibit 13), was found entitled to child's insurance benefits for the month commencing March, 1967, on her deceased mother's earnings record (20 CFR 404.320(a)). (Exhibit 2) On her marriage on September 12, 1970 (Exhibit 3), benefits were terminated. (Exhibit 5)

An application for reinstatement of benefits was filed in behalf of the claimant by her father on November 12, 1971, based upon claimant's divorce which became final on November 5, 1971. (Exhibit 12) Benefits were denied in a determination made March 14, 1972.

On reconsideration pursuant to timely request therefor made on April 6, 1972, (Exhibit 10) the initial determination was adhered to and affirmed June 19, 1972. (Ibid) A request for hearing was properly filed July 18, 1972.

Statement of the Issues

The general issue in this case is whether or not the claimant is entitled to benefits under the provisions of Social Security Act, (Section 202(d)(1); the specific issues are two: (1) whether the claimant, if entitled to benefits under the statute has by her marriage, forfeited her right thereto as mandated by Social Security Act, Section 202(d)(1)(D); and (2) if at the date of re-application for benefits she was unmarried and otherwise met the requirements of Social Security Act, (Section 202(d)(6)), does a bona fide divorce remove the bar to benefits entitlement prescribed by the statute provided all other conditions of entitlement are met.

Applicable Law and Regulations

It is provided in Social Security Act Section 202(d)(1), as follows:

"Every child (as defined in Section 216(e) of an individual entitled to old-age or disability insurance benefits, or of an individual who dies a fully or currently insured individual if such child-

(A) has filed application for child's insurance benefits,

(B) at the time such application was filed, was unmarried and...(i) either had not attained the age of 18 or was a full time student and had not attained the age of 22...and

(C) was dependent upon such individual...  
(ii) if such individual has died, at the time of such death...shall be entitled to child's insurance benefits...

Section 202(d)(3) provides:.

A child shall be deemed dependent upon... his mother...at the time specified in paragraph (i)(C) unless, at such time, such individual was not living with... such child...



20 CFR 404.327(a) prescribes:

"For benefits for months after January 1968, but only on the basis of an application filed in or after January, 1968, a child is deemed dependent upon his mother...if, at the time determined under the provisions of Section 404.323(a):

- (1) The parent was living with child...

In Section 404.320 (20 CFR), it is said

(b) Reentitlement. A child whose entitlement to benefits terminated with the month before the month in which he attained age 18, or later, may thereafter (provided no event specified in paragraph (b)(2) and (3) of Section 404.321 has occurred) again become entitled to such benefits upon filing application for such reentitlement...and has not attained the age of 22.

In Section 404.321(b)(3), we find:

"The last month for which a child is entitled to child's insurance benefits is the month before the month in which anyone of the following events first occurs:

- (3) The child marries (except as provided in paragraph (d) of this section).

Discussion of the Evidence

The testimony in the record is clear and uncontradicted. The claimant, Valerie Marie Parisi, born June 23, 1952, (Exhibit 13) in New York City, and at the time of filing of application for benefits, November 21, 1971, nineteen years of age plus is a student in full time attendance (20 CFR Section 404.320(a)(2)) at Pembroke College of Brown University, a duly accredited educational institution.

The record discloses that her mother, Aida A. Parisi, with whom the claimant lived at the date of the former's death on March 5, 1967, was a fully insured wage earner with more

than 40 quarters of coverage when she died. (Social Security Act, Section 214(a)(2)) On the basis of the mother's earnings record, the claimant was found entitled to and was awarded child's insurance benefits in March of 1967. (Exhibit 2)

September 12, 1970, the claimant married one Charles G. Baldwin (Exhibit 3) and benefits were terminated as of September 1, 1970. (Exhibit 5) On September 5, 1971, Valerie M. Parisi was divorced from Charles G. Baldwin by a decree of a court of competent jurisdiction in Rhode Island, for fault of her husband. (Exhibit 12) She was and continues to be a student in full time attendance at Pembroke. (Exhibit 6)

On November 4, 1971, the claimant by her father filed application for reentitlement for child's insurance benefits. The Administration determined initially on March 14, 1972, she had forfeited her right to benefits by reason of her marriage. (Exhibit 8) Reconsideration of the Administration's determination was duly requested within the time limited by law. (20 CFR Section 404.910, 404.911) (Exhibit 10)

On reconsideration, the initial determination was adhered to and affirmed and notice thereof was given the claimant on June 19, 1972. (Exhibit 11) A written request for hearing as provided in 20 CFR 404.917, 404.918 was duly made and a hearing was held as in the statute and regulations prescribed and provided.

The preponderant credible substantial evidence in this case points to but one conclusion: The claimant by her marriage on September 12, 1970, has forfeited her right to child's insurance benefits and her divorce did not and could not erase the bar of the statute.

The language of the statute is clear and clearly bespeaks the Congressional intent to terminate benefits when a child theretofore entitled, marries.

The words used by the Congress are mandatory: They leave no room for the exercise of discretion. And nothing in the statute or the regulations enacted by the Secretary in implementation thereof suggests that divorce and a celibate state at the date of re-application can effect a reentitlement to benefits.

The position taken by the claimant in this case is not one of novel impression. An analogous situation is considered in Social Security Ruling 67-33 (Cum. Bul. 1967 p. 23), where the



following authoritative statement is noted (p. 24):

"Because C married in 1963, after he had been entitled to benefits on R's earnings record, section 202(d)(7) specifically precludes his reentitlement to child's insurance benefits on that earning record, even though his marriage terminated in divorce and he was unmarried at the time he applied for reentitlement in August 1965."

Findings and Conclusions

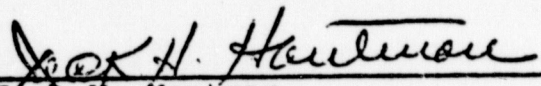
A full consideration of all of the evidence of record leads the Administrative Law Judge to the following findings and conclusions:

1. The claimant, Valerie M. Parisi, is the natural legitimate daughter of Aida A. Parisi, the wage earner herein.
2. Valerie M. Parisi was born in New York City on June 23, 1952, and was on November 12, 1971, the date she applied for reentitlement to child's insurance benefits, less than 22 years of age.
3. The claimant was at all the relevant times herein and is now a student in full time attendance at an accredited educational institution, Pembroke College of Brown University at Providence, Rhode Island.
4. Aida A. Parisi died March 5, 1967, and was, at the date of her death, fully insured, with more than 40 quarters of coverage.
5. Valerie M. Parisi resided with her mother at the time of her mother's death and was dependent upon her within the meaning of the statute.
6. Valerie M. Parisi was found entitled to and did receive child's insurance benefits from March, 1967 to September, 1970 when such benefits were terminated by reason of her marriage to Charles G. Baldwin on September 12, 1970.
7. The claimant's marriage to Charles G. Baldwin was terminated by divorce in a court of competent jurisdiction in Rhode Island on or about September 5, 1971.

8. It is the conclusion of the Administrative Law Judge that the marriage of the claimant as set out above, terminated her entitlement to child's insurance benefits and she did not thereafter become reentitled thereto despite her divorce and a finding she would otherwise have been entitled to the same.

Decision

Considering the application filed by or in behalf of Valerie M. Parisi, on November 12, 1971, for child's insurance benefits, the Administrative Law Judge finds and decides the claimant has not established entitlement to such benefits and the application is denied.

  
\_\_\_\_\_  
Jack H. Hantman  
Administrative Law Judge

Dated: DEC 1 1972



NOTICE OF HEARING

In the case of

William S. Parisi  
for Valeria M. Parisi  
(Claimant)

Aida A. Parisi  
(Wage Earner)

Claim for

Child's Insurance Benefits

131-10-5650

(Social Security Account Number)

TO:

Mr. William S. Parisi  
2483 East 7th Street  
Brooklyn, New York 11235

Pursuant to your written request and the provisions of Sections 205(b) and 1869(b) of the Social Security Act, a hearing will be held by the undersigned, a Hearing Examiner of the Bureau of Hearings and Appeals,

on the 8th day of November 1972 at 9:30AM o'clock in Room 1201 of  
Building, 175 Remsen Street, Brooklyn,  
(Number and Street) (City)  
New York  
(State)

The general issues to be determined ~~are~~ is whether the claimant is entitled to child's insurance benefits under the provisions of the Social Security Act, as amended.

The specific issues on which findings will be made and conclusions will be reached are (1) if the claimant is entitled to benefits under the statute, has she by her marriage forfeited her right to these benefits; (2) if at the date of application for reinstatement of benefits she was unmarried and otherwise met the requirements of statute, does a bona fide divorce remove the bar to benefits entitlement.

READ THE OTHER SIDE OF THIS NOTICE FOR IMPORTANT INFORMATION REGARDING HEARING

REMARKS:

IT IS IMPORTANT THAT VALERIA M. PARISI BE PRESENT AT THE HEARING.

IMPORTANT -- Please sign and return at once the enclosed postal card notifying me whether you will be present at the above time and place. No postage is required on this card.

~~Administrative Law Judge~~

Mail Address

Room 1201  
175 Remsen Street  
Brooklyn, New York

Date

Telephone number

October 27, 1972 595-5392

cc: Representative (Name and Address)

District Office (Address)

333 Avenue X, Brooklyn, New York 11223

## IMPORTANT INFORMATION

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### Appearance at Hearing

The date and time of this hearing have been set aside especially for you. Your failure to appear without good reason may cause dismissal of your Request for Hearing. Even though there is good reason, any postponement will delay disposition of your case. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Hearing Examiner promptly and give your reasons. Also, advise the Hearing Examiner of the earliest date after which he can reschedule your case for hearing.

### Conduct of Hearing

The law places on you the burden of submitting evidence to support your claim. Bring to the hearing all evidence not already presented in your case.

You will have an opportunity to examine the documentary evidence on the day of the hearing. If you wish to examine it before the day of the hearing you may do so at the Hearing Examiner's office.

At the hearing the Hearing Examiner will inquire fully into the matters at issue. You may present evidence either in the form of written documents or the testimony of witnesses, or both. Your testimony and that of any witnesses will be under oath or affirmation, and a verbatim record of the proceedings will be made. You may suggest findings of fact or conclusions of law and present arguments orally or in writing.

### Representation

While it is not required, you may be represented at the hearing by an attorney or other qualified person of your choice, if you desire assistance in presenting your case. Any fee which your representative wishes to charge for his services in your case must be approved by the Bureau of Hearings and Appeals. Your representative must petition for fee approval at the conclusion of his services, and furnish you with a copy of his petition.

If you are found entitled to benefits and your representative is an attorney, 25 percent of your back benefits will normally be withheld for payment to your attorney upon approval of his fee. If the approved fee is less than the 25 percent we withheld, we will pay the difference directly to you. If the approved fee is more than 25 percent, payment of the difference is a matter to be settled between you and your attorney.

If your representative is not an attorney, none of your benefits will be withheld; and payment of the fee which is approved is a matter to be settled between you and him.

If you have any other questions, your local Social Security office will be glad to help you.



# REQUEST FOR HEARING

14

Take or mail original and all copies to your local Social Security office.

CLAIMANT'S NAME <b>WILLIAM S. PARISI FOR VALERIE M. PARISI</b>	CLAIM FOR (CIRCLE TYPE OF CLAIM) <input type="checkbox"/> Entitlement to Disability Benefits DIB DWB CDB <input type="checkbox"/> Continuance of Disability Benefits DIB DWB CDB <input checked="" type="checkbox"/> Other <b>STUDENT BENEFITS FOR DAUGHTER VALERIE M. PARISI</b> (Specify type of claim)
WAGE EARNER'S NAME (Leave blank if same as above) <b>AIDA C. PARISI</b>	
SOCIAL SECURITY NUMBER <b>131-10-5650 C1</b>	

I disagree with the determination made on the above claim and request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. My reasons for disagreement are: **YOUR INTERPRETATION IS ARBITRARY, CAPRICIOUS AND UNREASONABLE. WE HAVE ASKED THE S.S. OFFICE ON THE ORIGINAL DENIAL TO EXPLORE THESE DEPARTMENTAL HEARINGS BECAUSE WE WANT TO TEST THIS INTERPRETATION IN COURT.**

Check one of the following:

- ☐ I have additional evidence to submit.  
(Attach such evidence to this form or forward to the Social Security Office within 60 days of the hearing.)  
☐ I have no additional evidence to submit.

Check ONLY ONE of the statements below.

- ☒ I wish to appear in person before the hearing examiner.  
☐ I waive my right to appear and give evidence, and hereby request a decision on the evidence before the hearing examiner.

Signed by: (Either the claimant or representative should sign—Enter addresses for both. If claimant's representative is not an attorney, complete Form SSA-1696.)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <b>William S. Parisi</b> 100 East 7th St., New York, New York 10003 <input type="checkbox"/> ATTORNEY <input type="checkbox"/> NON-ATTORNEY	CLAIMANT'S SIGNATURE <b>William S. Parisi</b>
ADDRESS	ADDRESS <b>2488 EAST 7TH ST.</b>
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE <b>BROOKLYN N.Y. 11235</b>

TELEPHONE NUMBER <b>855-2500</b>	DATE: <b>7-15-72</b>	TELEPHONE NUMBER <b>855-2500</b>
Claimant should not fill in below this line		
Is this request filed within 6 months of the reconsideration determination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "No" is checked: (1) attach claimant's explanation for delay, (2) attach any pertinent letter, material, or information in the Social Security Office.		

## ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was filed on **July 17, 1972** at **333 Avenue X, Bklyn, N.Y. 11223**  
The hearing examiner will notify you of the time and place of the hearing at least 10 days prior to the date which will be set for the hearing.

Hearing Examiner Copy	TO: <input checked="" type="checkbox"/> Hearing Examiner <b>26 Federal Pl. N.Y.C.</b>	For the Social Security Administration
Claim File Copy	TO: <input checked="" type="checkbox"/> Hearing Examiner (Claims involving disability, retirement, survivors, all foreign claims and questions of entitlement to health insurance.) Claim File(s) Requested by Teletype to <b>New York PC</b> (Location)	By: <b>SSP</b> (Signature) <b>OS</b> (Title) <b>333 Avenue X</b> (Street Address) <b>Brooklyn, N.Y. 11223</b> (City) (State) (ZIP Code)
<input type="checkbox"/> CWAB (BDP) Interpreter Needed _____ (Language)		Servicing District Office Code <b>137</b>

DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
BUREAU OF HEARINGS AND APPEALS

15

TRANSCRIPT

In the case of

Claim for

William S. Parisi for  
Valerie M. Parisi

Child's Insurance Benefits

(Claimant)

Aida A. Parisi

131-10-5650

(Wage Earner) (Leave blank if same as above.)

(Social Security Number)

Hearing Held

at

Brooklyn, New York

on

November 8, 1972

APPEARANCES: William S. Parisi, Claimant

JACK H. HANTMAN  
Hearing Examiner

WINIFRED E. HAYOTT  
Hearing Assistant



INDEX OF TRANSCRIPT

In the case of

William S. Parisi for  
Valerie M. Parisi, claimant

Aida A. Parisi, wage earner

Account Number

131-10-5650

Testimony of Mr. Parisi.....Commencing p. 6

(The following is a transcript of the hearing held before Jack H. Hantman, an Administrative Law Judge of the Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, on November 8, 1972, at Brooklyn, New York, in the case of William S. Parisi, for Valerie M. Parisi, Claimant, and Aida A. Parisi, deceased Wage Earner, Social Security Account Number 131-10-5650. Present at the hearing was William S. Parisi, father of the claimant, in claimant's behalf. Neither the claimant nor her father were represented by attorney. Although William S. Parisi is an attorney, the claimant, through her father, expressly waived the right to be otherwise represented.)

(The hearing commenced at 9:35 a.m., on November 8, 1972.)

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE JACK H. HANTMAN:

Mr. Parisi, to open the hearing, it will be useful I think, to identify the persons who are here present and to establish the purpose and the format of the hearing. The hearing is held at the request of the claimant, after an initial and a reconsidered determination of the Social Security Administration which denied child insurance benefits, after an application for reentitlement thereto. The hearing is held before me, an Administrative Law Judge of the Bureau of Hearings and Appeals, which is entirely separate from and wholly independent of the claims processing bureaus and sections of the Social Security Administration.

The hearing is accorded the claimant as a matter of right under the statute on timely application made therefor. In the course of the hearing, the proceedings will be somewhat more informal than they would be in a court of law



and the Administrative Law Judge will not consider himself bound by the technical, strict common law rules of evidence. The evidence which I will receive, however, must at least have some probative value. I will necessarily determine the weight to be given to the evidence as it is offered and received.

I note that the claimant is not personally present because her program of studies does not permit her presence here.

(Interjection by Mr. Parisi) She's taking final exams in the second year medical school.

JUDGE: As you were advised by me, Mr. Parisi, so long as I have before me all of the relevant evidence necessary for a decision, the claimant's absence will not operate to her prejudice.

Present here is my assistant, Mrs. Winifred E. Hayott who will supervise the recording of these proceedings. The record which will be made will consist of the documentary evidence and the testimony to be offered. Now, you've been afforded an opportunity to examine the proposed exhibits. If there is no objection, I shall direct that they be received in evidence. You are of course free to offer any other document you may deem appropriate for my consideration and you have, in fact, offered a certificate of birth of the

claimant which I direct be entered in evidence as Exhibit Number 13.

I assume you are not here merely as your daughter's representative but as a witness as well. If you desire to testify, you will of course be sworn and you will give your testimony under oath. Should you desire to testify, I will first examine you and you will thereafter be free to make such narrative statement under oath as you consider necessary or proper. You may, at the close of the hearing, file such argument on brief with proposed findings of fact or conclusions as you consider justified by the record and I will give you a reasonable opportunity to submit such findings, conclusions or arguments.

I propose to refer to such jurisdictional and procedural matters I deem necessary to establish my legal authority to hear and dispose of this case. If you take exception to any statement I make, please feel free to state your exception for the record and the basis therefor.

I find from the evidence in the record that in this child insurance benefit entitlement case, an application for benefits was filed by you in behalf of the claimant on November 12, 1971. I further find that the claimant was born June 23, 1952 and that she is entitled to child's insurance benefits, all other factors being equal, on the wage record of her deceased mother, Aida A. Parisi, who at



the time of her death was a fully insured individual within the meaning of the Social Security Act. An initial determination denying benefits was made March 14, 1972. You requested in writing reconsideration of the determination on April 6, 1972 and a reconsidered determination, confirming and adopting the initial ruling was made on June 19, 1972. You requested a hearing in behalf of the claimant on July 18, 1972 and this hearing followed.

I find further that the claimant had previously been found entitled to benefits and was awarded child insurance benefits on her deceased mother's wage account commencing with the month of March, 1967 and that she continued to receive such benefits until she married on September 12, 1970, following which, on your notification to the Administration, benefits were terminated. She obtained a divorce from her husband in the State of Rhode Island on or about September 5, 1971, and I find that the divorce is entitled to full faith and credit as a decree of a court of competent jurisdiction. You applied for reinstatement or reentitlement to benefits in behalf of your daughter on November 4, 1971. Now, I am satisfied from the record that at all times, and at the present time, the claimant is a full time student in good standing at a recognized and accredited institution of higher learning

and that she has not as yet attained the age of 22.

The general issue to be disposed of in this case is whether the claimant is entitled to benefits under the Social Security Act, as amended, and more particularly, under Title 42 of the Code, Section 402(d)(1) thereof; more specifically, it is to be decided if it is found that Valerie is entitled to child's insurance benefits, has she, by her marriage surrendered her rights thereto and, secondly, if at the date of application for reentitlement she is not married and I'm satisfied from the record that she is not and was not married, at the date of application for reentitlement to benefits, and since she otherwise meets the requirements of Title 42 of the Code, Section 402(d)(6), does a bona fide divorce remove the bar to benefits reentitlement prescribed by the statute.

In the present state of the record, I find Section 202(d) of the Social Security Act, as amended, relevant. It provides for benefits to the unmarried child of a fully insured deceased wage earner, if application for such benefits is properly made. Both in the statute and in the regulations promulgated by the Secretary in implementation of the statute which regulations by law have the force of law, the child entitled to benefits who marries a person outside of a specified excluded



class, loses the right to those benefits. Reentitlement is possible both under the statute and the regulations but only to the limited extent provided therein.

Mr. Parisi, do you, in behalf of the claimant take exception to any fact I have stated or to any issue I have framed for disposition or do you have any comment on the applicable law. If not we will proceed to swear if you choose to be sworn and I will hear such testimony as you care to offer or any argument you care to make.

MR. PARISI: I think you've stated the facts accurately as they are. You've stated the reasons involved very accurately, too. I have nothing to add after what you said except that I may add a couple of thoughts that I have.

JUDGE: By all means. I take it that this--will this be in the nature of testimony, Mr. Parisi?

MR. PARISI: I'm here like amicus curiae. This is my daughter and I--I--

JUDGE: Really, you're here representing her.

MR. PARISI: Yes, yes.

JUDGE: All right. Would you please raise your right hand?

(The claimant's father, WILLIAM S. PARISI, having been first duly sworn, testified as follows:)

## EXAMINATION BY THE ADMINISTRATIVE LAW JUDGE:

Q Will you state your name and address for the record, please?

A My name is William S. Parisi. My address is 50 Court Street, Brooklyn, New York 11201.

Q Mr. Parisi, you are an attorney and counsellor-at-law, duly admitted to practice in all of the courts of record of this State?

A I am.

Q And you are the father of Valerie M. Parisi, the claimant in this case?

A I am, sir.

Q And you represent her in this matter, both as her father and as her attorney, I take it. Is that correct?

A I would rather say I'm representing her rather incompetently as her father and not as her attorney because if this matter has to get into the courts because that currently it seems to be a legal issue more than a factual issue and then I would have to obtain--all I do is real estate law. I don't know anything about this. I might as well be a layman here. I would have to--as I would have had a lawyer or negligence lawyer somewhere. I'd have to hire someone competent enough to represent her.

JUDGE: I only say this. I might take exception to your denigration of your own capabilities but that's



neither here nor there. I'm sure you're quite capable of representing your daughter adequately and I'm certain that the interest is there to justify it.

Q Is there any statement you would care to make in narrative form or is there any argument you would care to offer in this matter?

A Judge, as a--a layman in this particular matter here and just as a--in a general knowledge of the law and probably because of the personal interest that as a father, I have as far as my daughter is concerned, this had occurred to me, that I have not read the regulations. I don't know the law. I don't know anything about it, but it occurred to me that the public policy of the country and of the State and of our Government, is for the citizens to comply with the ways of the country and the laws of the country and a marriage is to be encouraged as a matter of public policy, so it was occurring to me that when a person marries and they lose their benefits, that's understandable possibly for many reasons because there's another party involved also, but if the law is that after that marriage status has been also terminated in compliance with the laws of the country, as they say that it should and the law allows you to terminate a marriage through a legal divorce in a competent court of jurisdiction, then if a citizen

follows the way of the law and terminates that marriage and again is back in status quo, under certain stated facts that would entitle them to benefits and is denied it because they have complied with the law. It seems to be in the nature of a penalty if that interpretation is applied. What I mean by that is if a couple wanted to live together without getting married which is against the public policy of the State and then have chosen to do that and then live together for a year and separated, not only would that person have been entitled to these benefits, they would not even have to apply for reentitlement but they would have continued to avail themselves and obtain the benefit of these benefits all during the period of their actual marriage, it would have been a de facto marriage if not a de jure one.

So that what interpretation of this, on interpretation in my lay view, and possibly because I'm prejudiced, I'm merely exploring this and my lay view is that if the law is interpreted to deny the benefits to Valerie here, it would be as and if it became public, it would be an encouragement to all the children in college and especially in the days in which we live today which are unusual times. It would be an encouragement to them, don't get married because if you do you're going to lose your Social Security



benefits. Just live together because then if you're going to break it up, not only do you continue to get your benefits during the marriage, you'll lose them after you get your divorce and right down the line you're to be penalized by the very Government that tells you not to live together unmarried but you see they trick you. They tell you that if you get married, you'll lose your benefits and then even if you get a divorce, as the law tells you to do if you want to separate them, you should get a divorce, that we'll penalize you by telling you that you cannot be reentitled, even if you are single again and unmarried and still of the age to comply in all ways for the entitlement to these benefits. There seems to me a contradiction, an interpretation of this type would be a strained one that would--that would encourage other people to do immoral and illegal acts and acts that are against the public policy of the United States Government in the State of New York. That's one.

The second thought that occurred to me, is that I was told, and I don't know if this is true, and if it is not true, please tell me, you're an expert in this matter and strike this immediately from the record--that I was told that when a person over age for a social security entitlement, whether 65 or 62, I think it's something like that, in case of a woman not working or whatever they

are, that when if they receive benefits and they marry, their benefits are readjusted but then if they divorce, their benefits are reinstated. If that is true and I've been told that, and I don't know how reliable this source of information is, then to do that in that case, which is no different because we're talking about benefits entitlement and age should not be a factor to discriminate against one person only because one person is younger than the other is alone, if it's true in one case, that would be discriminatory not to hold it true in the other case and these are only my lay views and based on heresay that I've been told. Because of that, and these thoughts and many others that could be composed all in the same family of thought without laboring this hearing here, I thought that it would be only as an interpretation of the law that is left here and that is why when I first applied for these benefits, they told me at the Social Security office that she would be entitled to reentitlement, when I was interviewed the first time. That's why I delayed two months. I didn't know about your court. And when I happened to pass by the office I asked the interviewer and she said yes, and they said it was going to be approved, and then they had a conference in there and they weren't sure how the regulations were to be interpreted and so on.



Then I realized that it was a question of interpretation and I asked them if I signed an affidavit or request a waiver of all the Department of Hearings and Appeals, and so on, if I could go directly into the Federal Court, since it was going to be a legal determination, I might as well take it in there and get it resolved once and for all and take the burden off the people that are just employees, you know, and perhaps shouldn't be required to show their responsibility in making a determination that might affect thousands of applicants or hundreds of applicants and let the Court do it where the proper function is, that they somehow couldn't waive what is departmental and determinations, so I had to exhaust and first effect going to Court and that's why I'm here and I only propose this, that I'm not here for any other reason except that I know what the facts are and the facts are exactly recorded and I just thought that maybe because I'm so prejudiced that I'm involved in this thing through my daughter that I take this view that I take, but I thought that at least those views should be expounded and let someone like yourself in authority mull on them and see what he thought of them rather than to just list on my application and let it sit like that.

JUDGE: Mr. Parisi, I assure you that I will give every consideration to your argument. I think it is fair to state however, that my authority to venture into an area of interpretation is rather circumscribed. I act in this matter, by virtue of a statute, a statute with which you are familiar at least in part, requires that certain procedures be followed before the matter can come to me. My legal authority does not begin to exist until these administrative procedural steps have been accomplished. On the other hand, in dealing with the matter, I am constrained to follow the statute at such authoritative precedence as I find in the regulations and in rulings which are made by the Social Security Administration. I am not suggesting that Social Security rulings are necessarily a source of law but they are authoritative, so far as my function is concerned, and I am constrained to follow them. Under the circumstances, I assure you I will give sympathetic consideration to the argument you've advanced. I will most certainly examine the statute with care and I will make such disposition and decision in the matter, as I feel is justified by the record and by the law. If there is nothing else, Mr. Parisi, I think we can consider this hearing closed.



(Hearing was closed at 10:30 a.m., on November 8, 1972.)

C E R T I F I C A T I O N

I have read the foregoing transcript and hereby certify that it is a true and complete record of the hearing.

Walter M. Lutzak  
Hearing Assistant



# APPLICATION FOR SURVIVING CHILD'S INSURANCE BENEFITS

Form Approved.  
Budget Bureau No. 72-R127.16  
(Do not write in this space)

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**NOTICE.**—(a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than \$1,000 or 1 year's imprisonment, or both.

NAME OF DECEASED WAGE EARNER OR SELF-EMPLOYED PERSON

☐ MALE  
☒ FEMALE

SOCIAL SECURITY NUMBER

YOUR FULL NAME

*Andr. A. Parisi*

*William S. Parisi*

*131 10 5650*

I hereby apply, on behalf of the child or children listed in item 9 below, for all insurance benefits payable to them under Title II of the Social Security Act, as amended. (Answer the questions in Part II of this form with respect to yourself if you are applying on your own behalf—for example, if you are a student age 18 to 22 or a disabled child age 18 or over)

## PART I - INFORMATION ABOUT DECEASED WORKER

1. Enter the date of birth of the deceased (Month, day and year)	2. Enter the date and place of death (Month, day and year)	(City and State)
<i>4/11/15</i>	<i>3/5/67</i>	<i>NY NY</i>
3. Enter the name of the state or foreign country where the deceased had his fixed, permanent home at the time of his death.		STATE OR FOREIGN COUNTRY
		<i>NY</i>
4. (a) Was the deceased in active military or naval service after September 7, 1939? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," answer (b) and (c).) (If "No," go on to item 5.)		
(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.) and dates of service.		
(c) Has anyone (including the deceased) received, or does anyone expect to receive, from any Federal agency other than the Social Security Administration, a benefit based on the employment, military service, disability, or death of the deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," enter name(s) of such person(s) and name(s) of Federal agency(ies))		
5. Did the deceased work in the railroad industry at any time on or after January 1, 1937? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6. Enter the names and addresses of all the persons, companies, or government agencies for whom the deceased worked during the 12 months before death. If the deceased worked in agricultural employment, give this information for the year of death and the year before.		
NAME AND ADDRESS OF EMPLOYER (If Self-employed, enter "Self-Employed." If none, enter "None")	WORK BEGAN MONTH YEAR	WORK ENDED MONTH YEAR
<i>Expert Land &amp; Inc 79-5th Ave</i>	<i>pre 65</i>	<i>2 67</i>
<i>164/1410003</i>		
(If you need more space, use "Remarks" space on the back page.)		
7. If the deceased was self-employed this year, last year, or the year before, enter the following information:		
Check the year or years in which the deceased was self-employed	In what kind of trade or business was the deceased self-employed?	Were the deceased's net earnings \$400 or more?
<input type="checkbox"/> This Year	<i>/</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Last Year		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Year Before Last		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. (a) About how much did the deceased earn from employment and self-employment during the year in which he died?		AMOUNT
(If death occurred this year, answer (b): If not, go on to item 9)		<i>\$ 2200</i>
(b) About how much did the deceased earn last year?		AMOUNT
		<i>EXHIBIT</i>

\*This may also be considered an application for survivors benefits under section 5 of the Railroad Retirement Act and for Veterans Administration payments under Title 38 U.S.C., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under Title 38).

*Exhibit 1 (4 pg)*



## PART II - INFORMATION ABOUT SURVIVING CHILDREN OF DECEASED WORKER

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9. Enter below the information requested for ALL unmarried surviving children who, at the time the parent died, were (a) under age 18; or (b) age 18 to 22 and attending school; or (c) age 18 or over and under a disability (which must have begun before age 18). Also enter information about any child age 18 to 22 who was a student during the last 13 months (counting the present month) even though such child was not a student when the parent died (for example, the child began attending school at a later date). If you enter information for a child age 18 or over, check "student" or "disabled" if such child is a student or disabled. Include stepchildren, adopted, and illegitimate children. If a child of the deceased is born after this application is filed, notify your Social Security district office promptly, as such child may receive benefits. If you are not applying for any child you name, enter the child's name under "Remarks" on the last page and explain why you are not applying for such child. (You may apply for a child even though you do not wish to be payee for the child's benefits.)

FULL NAME OF CHILD (Please list children in order of birth, beginning with the oldest)	DATE OF BIRTH (Month, day, year)	CHECK (✓) IF CHILD 18 OR OVER IS STU- DENT OR DISABLED		CHECK (✓) THE COLUMN THAT SHOWS THE CHILD'S RELATIONSHIP TO THE WORKER			
		Student	Disabled	Legitimate	Stepchild	Adopted	Illegitimate
Valerie M.	6/23/52			✓			

10. Enter below your relationship to each of the children named in item 9. (For example, mother, adoptive father, stepmother, myself, uncle, sister, none, etc. If you are related in the same way to all the children, write "All" and then show your relationship)

Name of Child(ren)	Your Relationship	Name of Child(ren)	Your Relationship
Valerie	Father		

11. If any children in item 9 are stepchildren of the deceased, enter the date the deceased married the natural parent. \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_

12. Have any children in item 9 ever been adopted by someone other than the deceased? ☐ Yes ☒ No  
(If "Yes," enter the following information):

Name of Child	Name of Person Adopting	Relationship, if any, before adoption	Date of Adoption

13. Were all the children in item 9 living with the deceased at the time of death? ☒ Yes ☐ No  
(If "No," enter the following information about each child who was not living with the deceased)

Name of child not living with deceased	Person with whom child was living		
	Name	Address	Relationship to child

14. If the deceased was the mother, adopting mother, or stepmother, which of the children in item 9 were:

(a) Living with their father or adopting father? (If none, write "None")

(b) Receiving contributions from their father or adopting father? (If none, write "None")

15. Are all the children in item 9 now living in the same household with you? ☒ Yes ☐ No  
(If "No," enter the following information about each child not living with you. If uncertain as to the whereabouts of any of these children, explain under "Remarks" on last page.)

Name of child not living with you	Person with whom child now lives		
	Name	Address	Relationship to child

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16. Do you understand that all payments made to you on behalf of a child must be spent for his present needs or (if not presently needed) saved for his future needs, and do you agree to use the benefits that way? ☒ Yes ☐ No

17. Do you agree to notify the Social Security Administration promptly when you no longer have responsibility for the welfare and care of any child for whom you are filing? ☒ Yes ☐ No

18. Has any child in item 9 married since the death of the deceased? ☐ Yes ☒ No  
(If "Yes," enter the name of child who was married and date of marriage.)

NAME OF CHILD	DATE OF MARRIAGE

19. Has any child in item 9 ever had a social security number? ☒ Yes ☐ No  
(If "Yes," enter the following information for each child having a number.)

Name of child	Social Security Number
Valerie Marie Parisi WA	070-00-6000

20. Has anyone ever before filed an application for social security benefits on behalf of any child in item 9? ☐ Yes ☒ No  
(If "Yes," enter the name and social security number of the person on whose earnings record any other claim was based.)

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER

If you are applying ONLY for a child age 18 or over who is disabled, you may omit items 21, 22, and 23 and go on to item 24. In all other cases, items 21, 22, and 23 must be answered.

Some or all of a child's benefits may not be payable if the child works for more than the monthly limit (as defined below) in employment or renders substantial services in self-employment in any month, and has earnings in excess of the exempt amount (as defined below) for the taxable year.\* This applies to all employment and self-employment, whether or not covered by the Social Security Act.

The "monthly limit" is \$100 per month for months in a taxable year ending prior to 1966 and \$125 per month for any taxable year ending after 1965. If the taxable year is a calendar year, the \$125 amount is effective January 1966. The "exempt amount" of total earnings which a child may earn without deduction from benefits is \$1,200 per year for a taxable year which ends before 1966. It is \$1,500 per year for taxable years ending after 1965. If the taxable year is a calendar year, \$1,500 is the exempt amount beginning 1966.

21. (a) Do you expect the total earnings of any child to be more than the exempt amount this year? (Count all earnings beginning with the first of this year and all anticipated earnings through the end of this year.) ☐ Yes ☒ No  
If "Yes," answer (b) and (c) below. If "No," go on to item 22.

(b) Enter the name of each child who will earn more than the exempt amount this year and the amount of expected earnings.

Name of Child	Expected earnings
	\$
	\$

(c) Did every child named in (b) earn more than the monthly limit in employment or render substantial services in self-employment in all months of this year including the present month? ☐ Yes ☐ No  
If "No," enter the information asked for in the chart below:

Name of child	List each month that child did not earn more than the monthly limit in employment and did not render substantial services in self-employment

\*The yearly period referred to in this and subsequent items is the same 12-month period used in figuring income taxes. If any of the children for whom you are filing use a fiscal year (one that does not end on December 31), enter here the name of the child and the month the fiscal year ends.

(Over)



22. Complete this item only if the deceased died before this year.  
Did any child earn more than the exempt amount last year? ☐ Yes ☐ No

(If "Yes," enter the information asked for in the chart below)

Name of Child That Earned Over The Exempt Amount Last Year	Total earnings of child	List each month that child did not earn more than the monthly limit in employment and did not render substantial services in self-employment
	\$	
	\$	

23. An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which any child earned more than the exempt amount and received a benefit payment for a month in that year. FAILURE TO REPORT MAY RESULT IN THE LOSS OF ADDITIONAL MONTHLY BENEFITS.

Do you agree to file the annual report of earnings when required? ☒ Yes ☐ No

Complete item 24 in all cases.

24. The events listed below end (or may end) a child's entitlement to Social Security benefits. If any one of these events occurs, you must notify the Social Security Administration. For some events, there are certain exceptions to the general rule that the event ends entitlement. Such exceptions are explained in the printed reporting instructions which will be given to you. However, you must report an event even if you believe an exception applies. The Social Security Administration will advise you what additional information and evidence, if any, is needed, and will give you a decision on whether the child's benefits may continue.

If you are receiving benefits on behalf of -

- (a) Any child, - report if the child MARRIES, DIES, or is LEGALLY ADOPTED.  
(b) A child age 18 to 22 entitled as a full-time student, - report if the child STOPS ATTENDING SCHOOL, REDUCES HIS ATTENDANCE or CHANGES SCHOOLS.  
(c) A child age 18 or over entitled because he is under a disability, - report if the child's DISABLING CONDITION improves, the child GOES TO WORK, or - if the child is now hospitalized - when the child is DISCHARGED FROM THE HOSPITAL.

Do you agree to notify the Social Security Administration promptly if any of the above events occur, and to promptly return any benefit check you receive for a child if the check is for a month in or after the month in which any of the above events occurred?

☒ Yes ☐ No

REMARKS: (This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)

*I shall submit my earnings and income certificates please  
return the document to me*

1967 MAR 31 1967

Knowing that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

NAME

SIGNATURE (Write in ink)

SIGN  
HERE

MAILING ADDRESS (Number and Street, P.O. Box, or Rural Route)

ADDRESS (Number and Street, City, State and Zip Code)

NAME

CITY, STATE, ZIP CODE

ADDRESS (Number and Street, City, State and Zip Code)

DATE (Month, Day and Year)

TELEPHONE NUMBER

ENTER NAME OF COUNTY (if any) IN WHICH YOU NOW LIVE

FORM OA-C101C (10-64)

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
Form approved by Comptroller General, U. S.  
January 23, 1958

## DETERMINATION OF AWARD

(The terms below are used as defined in Title II of the  
Social Security Act or are used pursuant thereto.)

ACCOUNT NUMBER 131-10-5550										CONTROL		BLOCK NO. 14473 FF 39508 S							
1. INSURED INDIVIDUAL AIDA A PARISI				RACE W F		DATE OF DEATH 03/25/67		DATE OF BIRTH 04/27/15		2. REG. HAS Q.C. 16 40		CURR. M		3. MILITARY SERVICE		R.R. INFO.			
4. BEN. COND. 52800.00 <del>4595.00</del>				DIS. BASE YRS. EXC.		EL YRS./DO YRS. 51-66		DIVISION INC. YRS.		BASE PERIOD/SD CD 1951 1967		RETRO. PIA 135.90		5. RETRO. MAR.		CURRENT MAR. SAC			
6. BEN. SYM. C1		NAME OF CLAIMANT Valerie M		DATE OF BIRTH 06/23/52		DATE CLAIM FILED 03/14/67		RELATIONSHIP DATE NC		REFERENCE ACCOUNT NUMBER 070-38-6020 SP-93		ENTITLEMENT DATE 03/67		BENEFIT AMOUNT 102.00 <del>98.00</del>		OTHER BEN AMOUNT			
7. BENEFIT CONTINUITY FACTORS										7A. REP. PAYEE				8. LUMP SUM PAID AS FOLLOWS		9. M. EXPENSES REMAINS UNPAID HF		11. REMARKS DO CODE BROOKLYN 23 NY 137	
BEN. SYM.		YR.		FAC		EARN.		J F M A M J J A S O N D		TYPE		GDN		CUS		INST		NAM	
								1 2 3 4 5 6 7 8 9 10 11 12											
12. INITIAL ENTITLEMENT DATA										DATE OF ENTITLEMENT		MONTHLY BENEFIT		LUMP-SUM DEATH PAYMENT					
SYMBOL		NAME AND ADDRESS																	
C1		33331 D William S Parisi for Valerie M Parisi 2001 E 4 St Brooklyn N Y 11223								03/67 <del>036</del>		102.00							

This is to certify that this determination is based on supporting evidence on file.

CLAIMS REPRESENTATIVE

DATE

CLAIMS AUTHORITY

DATE

3/2/67  
4/6/67

35



William S. Parisi  
581 Avenue Y  
Brooklyn, N. Y. 11235  
212 - TW 1-5887

36

10-12-70

Gentlemen:

MY DAUGHTER VALERIE WAS  
MARRIED ON SEPTEMBER 12, 1970  
ENCLOSED HEREWITH PLEASE FIND RETURNED  
TO YOU UNKNOWN CHECK WE RECEIVED  
THIS MONTH.

SHE'S STILL A FULL TIME  
STUDENT AT SCHOOL - DOES THAT  
MAKE ANY DIFFERENCE.

Very truly yours,

*William S. Parisi*

559 10 PB

H. STBBA

11/20/70  
EXHIBIT 3

Exhibit 3

## REQUEST FOR SUSPENSION OR TERMINATION OF BENEFITS

DATE

37

10/14/70

TO

POST OFFICE  
BIRMINGHAM, ALA.

WAGE EARNER

William S. Parisi

BENEFICIARY (If Other Than Wage Earner)

VALERIE M. PARISI

FROM

District Office

333 Ave

OCT 16 1970

ACCOUNT NUMBER

131-10-5650 C1

CROSS REFERENCE ACCOUNT NUMBER

CLAIM  
SYMBOLDATE OF  
EVENT

EVENT

Died. Recomputation being considered.

☐ Yes☐ No

Expects to earn over \$1,680 in taxable year. Worked as employee for over \$140 monthly or rendered substantial services.

Working outside U.S. on 7 or more days.

Disability claimant took job or became S/E.

Married. (If individual is also payee for other, show REMARRIED NAME below.)

Divorced.

Failed to have child in her care.

Adopted. (See Remarks.)

Representative payee died, disqualified, or being developed.

Student no longer attending any school.

Student reduced school attendance to less than full time.

C1

9/70

Other reason. (See Remarks.)

Student married 9/14/70

Necessary further development is being undertaken. ☐

Source of Information

☐ Beneficiary Symbol ( )☐ Funeral Director☐ Relative☐ Other. (See Remarks.)

REMARKS:

C1 married on 9/14/70 - see attached letter  
9/70 check returned.

EXHIBIT

4

Exhibit 4





## NOTICE OF SUSPENSION OR TERMINATION OF BENEFITS

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DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATIONWhen writing about your claim  
always give Claim No.  
131-10-5650 C1  
Aida A. Parisi

PAYMENT CENTER

DATE: February 19, 1971

William S. Parisi  
581 Avenue Y  
Brooklyn, N.Y. 11235

For children of

For Valerie M. Parisi

As gdn. of

Beginning with the month of September 1970 you are not eligible to receive benefits payments for the reason indicated below. Any check received for this month, or later months, should be returned to the Treasury Department, Division of Disbursement, as shown on these checks. If the check(s) has been cashed, please mail a check or money order to the Social Security Administration Payment Center at the address shown above. Make the check or money order payable to Social Security Administration Claim No. (shown above), in the amount of the cashed check(s).

Social Security benefit checks are normally dated the third of the month FOLLOWING the month for which they are payable

☐ Dependent terminated due to death of insured individual☐ Attained age 18 or 22 and not disabled

NOTE: GET IN TOUCH WITH THE DISTRICT OFFICE IF THE CHILD IS DISABLED AS FURTHER BENEFITS MAY BE PAYABLE.

☐ Failure to have a child entitled to benefits in your care

NOTE: IF THE CHILD RETURNS TO YOUR CARE OR YOU ATTAIN AGE 62 (OR AGE 60 IF YOU ARE THEN A WIDOW), GET IN TOUCH WITH THE DISTRICT OFFICE AS YOU MAY BE ENTITLED TO FURTHER BENEFITS.

☐ Death of beneficiary

NOTE: ALL OF THE BENEFICIARY'S UNUSED BENEFITS (PLUS ACCRUED INTEREST) BELONG TO HIS ESTATE AND SHOULD BE REMITTED TO THE LEGAL REPRESENTATIVE, OR DISPOSED OF IN ACCORDANCE WITH STATE LAW, IF THERE IS NO LEGAL REPRESENTATIVE.

CAUTION: THIS INSTRUCTION DOES NOT APPLY TO UNCASHED CHECKS. THEY SHOULD BE RETURNED AS INDICATED ABOVE. IF THE CHECK IS FOR A MONTH PRIOR TO DEATH, GET IN TOUCH WITH THE DISTRICT OFFICE AS THE CHECK MAY BE REISSUED.

☐ No Longer Full Time Student

NOTE: IF FULL-TIME SCHOOL ATTENDANCE IS RESUMED AND THE STUDENT HAS NOT ATTAINED AGE 22, GET IN TOUCH WITH THE DISTRICT OFFICE AS BENEFITS MAY AGAIN BE PAYABLE.

☐ Divorce Marriage Remarriage☒ ~~XXXX~~ Marriage of Child

NOTE: GET IN TOUCH WITH THE DISTRICT OFFICE AT AGE 62 (OR AGE 60 IF YOU ARE THEN A WIDOW) AS YOU MAY BE ENTITLED TO FURTHER BENEFITS.

☐ Adoption☐ Adoption of child

NOTE: GET IN TOUCH WITH THE DISTRICT OFFICE AT AGE 62 (OR AGE 60 IF YOU ARE THEN A WIDOW) AS YOU MAY BE ENTITLED TO FURTHER BENEFITS.

☐ Child attained age 18 and not disabled

NOTE: GET IN TOUCH WITH THE DISTRICT OFFICE AT AGE 62 (OR AGE 60 IF YOU ARE THEN A WIDOW) AS YOU MAY BE ENTITLED TO FURTHER BENEFITS.

EXHIBIT 5

- By

(Examiner)

(Date)

Approved

(Reviewer)

(Date)

111236 am. 2/16/71

FOLDER COPY

Exhibit 5



## STUDENT'S STATEMENT REGARDING SCHOOL ATTENDANCE

39

Name of parent on whose earnings this claim is based

AIDA C. PARISI

Parent's social security number

131 10 51 504 1

Your name

VALERIE M. PARISI

Your date of birth  
(mo., day, year)

6 23 1952

Your social security number (if  
unknown or none, so indicate)

070 38 6020

1. Enter below the school(s) you are now attending or most recently attended.

Name and Address of School (Give sufficient information for location of your records such as Type of School, Branch or Campus and Division)	DATES OF ATTENDANCE	
	Attendance Began (mo., day, year)	Attendance Ended (if still attending show date present school year will end)
BROWN UNIVERSITY PROVIDENCE, RHODE ISLAND	9 - 68	6 - 72
Check one <input checked="" type="checkbox"/> Day school <input type="checkbox"/> Night school <input type="checkbox"/> Graduate school	Your identification number used by school (If none, show "None") 03785	
Check one <input type="checkbox"/> Day school <input type="checkbox"/> Night school <input type="checkbox"/> Graduate school	Your identification number used by school (If none, show "None")	

2. (a) Do you intend to continue or return to school as a full-time student after the latest date entered in item 1? ☒ Yes (If "Yes," answer 2(b) and 2(c).)  
☐ No (If "No," or "Undecided," go on to item 4.)  
☐ Undecided

(b) Enter the date you will continue or return to school  
(month, day, year)

9-72

(c) Enter the date your next school year is to end  
(month, day, year)

6-73

3. (a) Will you attend the same school you are now (or were most recently) attending? ☒ Yes (If "Yes," go on to item 4.)  
☐ No (If "No," answer 3(b) and 3(c).)

(b) Enter below the name, address and type of school you will attend. (Include branch, campus, etc.)

(c) Have you been accepted by this school? ☒ Yes ☐ No (If "No," answer 3(d).)(d) Have you applied for admission? ☐ Yes ☐ No (If "No," explain in Remarks on reverse)

NOTE: If you are not yet 18, go on to item 5

4. (a) Were you attending school on a full-time basis in any part of each of the last 13 months in which you were age 18 or over including the present month? ☒ Yes ☐ No

(b) If no, list the months in which you were not attending school on a full-time basis during any part of the month.

(c) List all schools attended during the last 13 months that are not listed in item 1 above.

Name and Address of School (Give sufficient information for location of your records such as Type of School, Branch or Campus and Division)	DATES ATTENDED	
	From (Month, day, year)	To (Month, day, year)
SAME AS ITEM (1)	EXHIBIT	6



5. (a) Are you now employed, or will you be employed during the next school year? ☐ Yes (If "Yes," answer (b) below.) ☒ No 40

(b) If you are (or will be) employed, are you (or will you be) paid by your employer for attending school? ☐ Yes (If "Yes," explain in Remarks below.) (Include name and address of employer.) ☒ No

6. (a) Do you expect your total earnings to be over \$1,680 this year? ☐ Yes (If "Yes," answer (b) and (c).) ☒ No

(b) Show your expected earnings this year \$ - 0 -

(c) Are you now either working for wages of over \$140 a month in employment or performing substantial services in self-employment? ☐ Yes ☒ No

7. Do you agree to file the annual report of earnings when required? (This requirement is explained on the information sheet.) ☒ Yes ☒ No

8. Do you agree to notify the Social Security Administration promptly if you marry, if you are adopted, if you go to work, or if there is any change in your school attendance as explained on the detachable information section, and do you also agree to return promptly any benefit check to which you are not entitled? ☒ Yes ☐ No

9. (a) Do you want your benefits paid to you after age 18? ☒ Yes ☒ No WST

(b) If "No," show the name and address of your parent (or person standing in your parent's place) who should receive the benefits on your behalf.

WILLIAM S. PARISI  
2488 EAST 7th STREET  
BROOKLYN, N.Y. 11235

NOTE: If you are under 21 and requesting direct payment, attach a signed statement from your parent (or person standing in his place) that he wishes you to be paid directly.

Remarks: (If you need more space, attach a separate sheet.)

SINCE 4-20-67 I WAS RECEIVING CHILD BENEFITS UNDER CLAIM NUMBER 131-10-5650-C1. I WAS MARRIED IN SEPTEMBER 1970 AND I NOTIFIED YOUR OFFICE TO DISCONTINUE PAYMENTS. HOWEVER, I WAS DIVORCED AFTER A TRIAL ON OCTOBER 28, 1971 AND THIS IS MY APPLICATION FOR CHILD-STUDENT BENEFITS TO BE RE-INSTITUTED. MY MARRIED NAME WAS VALERIE BALDWIN BUT IS NOW VALERIE PARISI SINCE 10/28/71. HOWEVER, THE SCHOOL

I know that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act is subject to a penalty of a fine or imprisonment, or both. I affirm that the above statements are true. I also certify that I have read the information sheet referred to in items 7 and 8.

SIGNATURE OF STUDENT

First name, middle initial, last name. (Write in ink) ② Valerie M. Parisi		Mailing address 2488 EAST 7 ST. BROOKLYN, N.Y. 11235	
Telephone number ULS-2500 JWI-5887	Date 11-4-71	City and state BROOKLYN N.Y.	ZIP code 11235

For Social Security Use Only - DO NOT WRITE IN THIS SPACE.

DO Processed: \_\_\_\_\_ PC Approved: \_\_\_\_\_  
(Date) (Date) Claims Authorizer

WILL TAKE SOME TIME BEFORE ITS RECORDS REFLECT  
THE CHANGE FROM VALENTIE BALDWIN TO VALERIE  
PARISI, SO PLEASE, IF YOU WRITE TO THEM, GIVE  
BOTH LAST NAMES.





## APPLICATION FOR SURVIVING CHILD'S INSURANCE BENEFITS\*

NOTICE—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.

(Do not write in this space)  
BRONX 20, N.Y.  
333 AVENUE X  
NOV 12 1971  
SSA DISTRICT OFFICE

Enter Name of Deceased Wage Earner or Self-Employed Person (Herein referred to as the "deceased")

AIDA C. PARISI

(Check one)

☐ Male

☒ Female

Enter His Social Security Number

131 10 5650

Enter Your Full Name

William S. Parisi

I hereby apply, on behalf of the child or children listed in item 9 below, for all insurance benefits payable to them under Title II of the Social Security Act, as amended. (If you are applying on your own behalf, answer the questions in Part II of this form with respect to yourself.)

## PART I—INFORMATION ABOUT THE DECEASED

1. Enter the date of birth of the deceased (Month, Day and Year)

4 18 1916

2. Enter the date and place of death (Month, Day and Year) (City and State)

MARCH 5 1967 BRONX N.Y.

3. Enter the name of the state or foreign country where the deceased had his fixed, permanent home at the time of his death.

State or Foreign Country

BRONX, NEW YORK

4. (a) Was the deceased in active military or naval service after September 7, 1939? (If "Yes," answer (b) and (c). If "No," go on to item 5.)

☐ Yes ☒ No

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.) and dates of service.

(c) Has anyone (including the deceased) received, or does anyone expect to receive, from any Federal agency other than the Social Security Administration, a benefit based on the employment, military service, disability, or death of the deceased?

☐ Yes ☒ No

(If "Yes," enter name(s) of such person(s) and name(s) of Federal agency(ies).)

5. Did the deceased work in the railroad industry at any time on or after January 1, 1937? ☐ Yes ☒ No

6. • Enter the names and addresses of all the persons, companies or government agencies for whom the deceased worked during the 12 months before death. (If none, write "None")  
• If the deceased worked in agricultural employment, give this information for the year of death and the year before.

NAME AND ADDRESS OF EMPLOYER If the deceased had more than one employer, please list them in order beginning with last (most recent) employer.	WORK BEGAN		WORK ENDED	
	Month	Year	Month	Year
EXPERT COAT Co. 79 5th AVE. N.Y. N.Y.		1942	3	1967

Use "Remarks" space on last page for information about any other employers.

7. (a) Was the deceased self-employed this year, last year, or the year before?  
☐ Yes (If "Yes," answer (b).) ☒ No (If "No," go on to item 8)

EXHIBIT 7

(b) Check the year or years in which the deceased was self-employed

In what kind of trade or business was the deceased self-employed?

Were the deceased's net earnings \$400 or more?

☐ This Year

☐ Yes ☐ No

☐ Last Year

☐ Yes ☐ No

☐ Year Before Last

☐ Yes ☐ No

\* This may also be considered an application for survivors benefits under section 5 of the Railroad Retirement Act and for Veterans Administration payments under Title 38 U.S.C., Veterans Benefits, Chapter 13, (which is, as such, an application for other types of death benefits under Title 38).





13. Were all the children in item 9 living with the deceased at the time of death? ☒ Yes ☐ No  
(If "No," enter the following information about each child who was not living with the deceased.)

Name of Child Not Living With Deceased	Person With Whom Child Was Living	
	Name and Address	Relationship to Child

14. Are all the children in item 9 now living in the same household with you? ☒ Yes ☐ No  
(If "No," enter the following information about each child not living with you. If uncertain as to the whereabouts of any of these children, explain under "Remarks" on last page.)

Name of Child Not Living With You	Person With Whom Child Now Lives	
	Name and Address	Relationship to Child

15. Has any child in item 9 ever been married? ☒ Yes ☐ No  
(If "Yes," enter the information requested below.)

Name of Child VALENIE MARIE PARISI	Date of Marriage (Month, Day, Year) 9-12-70
How Marriage Ended (If still married write "Not Ended") DIVORCED 10-27-71	Date Marriage Ended (Month, Day, Year) 10-27-71

16. Has anyone ever before filed an application with the Social Security Administration for monthly benefits on behalf of any child in item 9? ☒ Yes ☐ No  
(If "Yes," enter name and social security number of person on whose earnings record any other claim was based.)

Name of Wage Earner or Self-Employed Person AIDA C. PARISI	Social Security Number (If unknown, so indicate) 131 10 5650 C1
---	--

17. Do you understand that all payments made to you on behalf of a child must be spent for his present needs or (if not presently needed) saved for his future needs, and do you agree to use the benefits that way? ☒ Yes ☐ No

18. Do you agree to notify the Social Security Administration promptly when your address and/or the address of any child is changed or if you no longer have responsibility for the welfare and care of any child for whom you are filing? ☒ Yes ☐ No

If you are applying ONLY for a child age 18 or over who is disabled, you may omit items 19, 20, and 21 and go on to item 22. In all other cases, items 19, 20 and 21 must be answered.

Please read the following information before going on to Item 19.

Some or all of a child's benefits may not be payable if the child earns more than \$1,680 in a year.\* If he earns more than \$1,680, benefits may be withheld for any month in which he earns more than \$140 in wages or performs substantial services in self-employment. Count the gross wages (not the take-home pay) earned during the year, regardless of when the wages are paid. Count the net earnings from self-employment (after deducting allowable business expenses). Include all earnings from employment and self-employment, whether or not the work is covered by social security.

19. (a) Do you expect the total earnings of any child to be more than \$1,680 this year? (Count all earnings beginning with the first of this year and all anticipated earnings through the end of this year.) ☐ Yes ☒ No  
(If "Yes," answer (b). If "No," go on to item 20)

Name of Child Who Expects To Earn Over \$1,680 This Year	Expected Earnings	List Each Month (including the present month) That Child Did Not Earn More Than \$140 In Employment and Did Not Perform Substantial Services in Self-Employment
	\$	
	\$	

\* The yearly period referred to in this and subsequent items is the same 12-month period used in figuring income taxes. If any of the children for whom you are filing use a fiscal year (one that does not end on December 31), enter here the name of the child and the month the fiscal year ends.

Name of Child and Month Fiscal Year Ends

(Over)

45

20. Complete this item only if the deceased died before this year.  
 (a) Did any child earn more than \$1,680 last year? ☐ Yes ☒ No  
 (If "Yes," answer (b). If "No," go on to item 21.)

(b) Name of Child Who Earned Over \$1,680 Last Year	Total earnings of child	List each month that child did not earn more than \$140 in employment and did not perform substantial services in self-employment
	\$	
	\$	

An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which any child earned more than \$1,680 and received some benefit payment for a month in that year. FAILURE TO REPORT MAY RESULT IN THE LOSS OF ONE OR MORE MONTHLY BENEFITS.

21. Do you agree to file the annual report of earnings when required? ☒ Yes ☐ No

**YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:**

- Any child MARRIES, DIES, or is ADOPTED
- A student, age 18 to 22, STOPS ATTENDING SCHOOL, REDUCES HIS SCHOOL ATTENDANCE BELOW FULL-TIME, CHANGES SCHOOLS, or IS PAID BY HIS EMPLOYER TO ATTEND SCHOOL
- A disabled child, age 18 or over, DISABLING CONDITION IMPROVES, GOES TO WORK, or if now hospitalized is DISCHARGED FROM THE HOSPITAL.

Benefits may end if any of the above events occur. However, there are certain exceptions which are explained in the informational booklet which you will receive. You must report each of these events even if you believe an exception applies. We will advise you whether additional evidence is needed and how the benefits may be affected.

22. Do you agree to notify the Social Security Administration promptly if any of the above events occur, and to promptly return any benefit check you receive for a child which is not due? ☒ Yes ☐ No

Remarks: (You may use this space for any explanations. If you need more space, attach a separate sheet.)  
 VALERIE WAS RECEIVING BENEFITS FROM 4/20/67 TO 9/10/70 WHEN SHE MARKED AND NOTIFIED YOUR OFFICE TO TERMINATE SAME. HOWEVER SHE WAS DIVORCED ON 10/27/71 AND IS NOW ASKING FOR REINSTATEMENT. THE ORIGINAL CLAIM # WAS 131-10-5650-C1.

I know that anyone who makes a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law. I affirm that the above statements are true.

SIGNATURE OF WITNESSES	SIGNATURE OF APPLICANT	
If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.  1. Signature  Address (Number and Street, City, State and ZIP Code)	Signature (First name, middle initial, last name) (Write in ink)  Sign Here <i>William S. Paine</i>  Mailing Address (Number and Street, Apt. No., P.O. Box, or Rural Route) 2488 EAST 7 <sup>th</sup> Street  City and State Brooklyn N.Y. ZIP Code 11235	
2. Signature  Address (Number and Street, City, State and ZIP Code)	Date (Mo., day and year) 11-6-71 Telephone number ULS-2500 TWI-5857 Enter name of county (if any) in which you now live KINGS	

DEC 29 REC'D



List only the basic reason in the CODE NO. block below. If this code number requires a fill-in, enter the information under "Remarks." Show any additional reasons under "Remarks."

Fill in when any disallowance code 01-26, 110 or 174 is listed. Disallowance Codes are listed in CM 4959.

REMARKS:

DISALLOWANCE NOTICE NO. (Show necessary fill-ins)

PARAGRAPHS IN ORDER OF APPEARANCE ON NOTICE  
(Show necessary fill-ins)

**ADDITIONAL INSTRUCTIONS:**

EXHIBIT

DETERMINATION BY <i>CAB P. J. J.</i>		DATE <i>2/23/72</i>	APPROVED BY <i>CAB Jean Creek</i>	DATE <i>2/23/72</i>
<input type="checkbox"/> CLAIMS REPRESENTATIVE	<input checked="" type="checkbox"/> CLAIMS AUTHORIZER	TITLE <i>CLAIMS AUTHORIZER Exhibit 8</i>		
<input type="checkbox"/> FIELD REPRESENTATIVE	<input type="checkbox"/> OTHER (Specify)			



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION  
PAYMENT CENTER  
FLUSHING, NEW YORK 11368

47

REFER TO CLAIM NUMBER

131-10-5650  
March 16, 1972

BUREAU OF RETIREMENT  
AND SURVIVORS INSURANCE

William S. Parisi  
2488 E 7 Street  
Brooklyn, NY 11235

Dear Mr. William Parisi:

This refers to your claim for benefits under the Social Security Act. Under the social security law a child cannot become reentitled to benefits on a social security record if he has been previously entitled and terminated on that record due to marriage.

If you believe that this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 6 months from the date of this letter. You may make your request through any social security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the decision made on your claim.

If you have any questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit the office, however, please take this letter with you.

Sincerely yours,

EXHIBIT 9

*Eileen F. Sheridan*

Eileen F. Sheridan  
Chief, Claims Authorization Branch

Enclosure:  
SSI-58

*3-14-72*

*Exhibit 9*

SSA-L229 (7-71)



56  
NYPC APR 7 1972

## REQUEST FOR RECONSIDERATION

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

AIDA PARISI

SOCIAL SECURITY CLAIM NUMBER

131-10-5650C1

NAME OF CLAIMANT

VALERIE M. PARISI

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, etc.)

## STUDENT BENEFITS

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are:

- 1) THE REASONS GIVEN FOR REFUSAL IN YOUR LETTER OF 3-16-72 ARE BASED UPON AN ERRONEOUS INTERPRETATION OF THE PERTINENT REGULATIONS; AND
- 2) ANY SUCH INTERPRETATION IS ARBITRARY, CAPRICIOUS AND UNREASONABLE; AND
- 3) THE EFFECT WOULD BE TO ENCOURAGE IMMORALITY AND DEPRAVITY BY REWARDING THOSE WHO LIVE TOGETHER WITHOUT MARRYING AND PENALIZING THOSE WHO IN ACCORDANCE WITH LAW PROPERLY MARRY AND LATER DIVORCE; AND
- 4) THIS CONSTITUTES A DENIAL OF LEGAL RIGHTS BEING A STUDENT AND UNMARRIED AT THE PRESENT TIME.

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence (If none, write "None."):

I WANT TO BE PRESENT AT ALL HEARINGS

## RECONSIDERATION

## SIGNATURE OF WITNESSES ONLY

If this request has been signed by mark (X), two witnesses who know the person requesting reconsideration must sign below, giving their full addresses.

1. NAME

ADDRESS (Number and Street, City, State and Zip Code)

2. NAME

ADDRESS (Number and Street, City, State and Zip Code)

SIGNATURE (Write in Ink—First, Middle Initial, Last Name)

WILLIAM S. PARISI

William S. Parisi

MAILING ADDRESS (Number and Street, P.O. Box or Route)

2458 EAST 7<sup>th</sup> STREET

CITY AND STATE

BRUCKLYN, N.Y.

ZIP CODE

11235

DATE (Month, Day, and Year)

4-3-72

TELEPHONE NUMBER

212-855-2500

## FOR SOCIAL SECURITY OFFICE USE ONLY

PROVIDER NAME AND NUMBER

INTERMEDIARY NAME AND NUMBER

SOCIAL SECURITY OFFICE ADDRESS

EXHIBIT 10

ROUTING  
INSTRUCTIONS  
(Check one)☐ State Agency (Route with disability folder)☒ Payment Center NY BDI, Balto. ☐☐ BHI, RO ☐ BHI, Attn: DRB, Balto.☐ Division of Foreign Claims, Balto.☐ BDPA, Attn: CWAB, Balto.☐ Intermediary

Exhibit 10

DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION

# RECONSIDERATION DETERMINATION

PAYMENT CENTER Office of the Regional Representative (Retirement and Survivors) New York		DISTRICT OFFICE 333 Avenue X Brooklyn, New York
NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON Aida A. Parisi		SOCIAL SECURITY ACCOUNT NO. 131-10-5650
NAME OF CLAIMANT William S. Parisi for Valerie M. Parisi		TYPE OF CLAIM Child's Insurance Benefits
DETERMINATION:		

On November 12, 1971 William S. Parisi filed an application for child's insurance benefits on behalf of Valerie M. Parisi. This claim was disallowed because the child had been married after her entitlement to child's insurance benefits. Notice of this decision was sent on March 14, 1972. On April 6, 1972 Mr. Parisi requested reconsideration.

The question to be decided is whether the child is entitled to be paid benefits. This depends upon the provisions of the Social Security Act.

Section 202(d)(1) of the Act provides for the payment of monthly benefits to the child of a fully or currently insured individual who is unmarried and either has not attained age 18 or was a full-time student and had not attained age 22.

Section 202(d)(6) of the Act provides that a child whose entitlement to child's insurance benefits terminated with the month preceding the month in which such child attained age 18, or with a subsequent month, may again become entitled to such benefits (provided no event specified in Section 202(d)(1)(D) has occurred) beginning with the first month thereafter in which he is a full-time student and has not attained age 22.

Section 202(d)(1)(D) of the Act provides that a child's entitlement to child's insurance benefits shall terminate in the month preceding the month in which such child marries.

Valerie M. Parisi became entitled to child's insurance benefits in March 1967. She was married on September 12, 1970 and her entitlement to benefits terminated on August 31, 1970.

EXHIBIT 11

Exhibit 11  
11/6/72



Aida A. Parisi

131-10-5650

-2-

William Parisi filed another application for benefits on behalf of Valerie on November 12, 1971. At that time he stated that the child's marriage had ended by divorce on November 5, 1971. He requested that child's insurance benefits for Valerie be reinstated.

The Social Security Act provides that if a child marries after she becomes entitled to benefits, these benefits cannot be reinstated upon the termination of the marriage. Upon reconsideration, therefore, the determination disallowing the claim for child's insurance benefits is affirmed.

**AUTHORITY:** Section 202(d) of the Social Security Act.

---

Bernard Levine  
Chief, Reconsideration Branch

June 19, 1972

STATE OF RHODE ISLAND  
PROVIDENCE, SC.

FAMILY COURT

VALERIE MARIE BALDWIN )

VS. )

F.C. No. 71-1527

CHARLES GRANT BALDWIN )

DECREE

This cause came on to be heard on October 28, 1971, before Mr. Justice DeCiantis, and after a hearing upon the merits and after consideration thereof, it is hereby,

ORDERED ADJUDGED AND DECREED

1. The respondent is found to have been guilty of extreme cruelty.
2. The petitioner is awarded a divorce on the grounds of extreme cruelty.
3. The petitioner is permitted to resume the use of her maiden name, to wit, Valerie Marie Parisi.
4. Alimony is left open.

ENTER as a Decree of this court this 5 day of November 1971.

PER ORDER:

ENTER:

CERTIFICATION

EXHIBIT 12

I, Stephen G. Linger, state that on the 22 day of November 1971, I mailed a copy of this Decree to the respondent, Charles Grant Baldwin at his address, 23 East Manning Street, Providence, Rhode Island.

*Stephen G. Linger*  
11/22/71  
SA DISTRICT OFFICE  
NOV 22 1971  
RECEIVED  
PROVIDENCE, R.I.



131-10-5617

Bureau of Records and Statistics

Department of Health

The City of New York

## CERTIFICATION OF BIRTH

THIS IS TO CERTIFY that Valerie Marie Parisi  
 Sex Female was born in the City of New York on June 23, 1952  
 according to Birth Record No. 156-52-327757 filed in the BROOKLYN  
 Office of this Bureau on June 26, 1952

In witness whereof, the seal of the Department  
 of Health of the City of New York has been affixed  
 hereto this 17 day of November 1952

Carl H. Edwards, L. D.

Director of Bureau

William J. Dinwiddie

Borough Registrar

BK 357368

Warning: This certification is not valid if it does not bear the raised  
 seal of the Department of Health. The reproduction or  
 alteration of this certification is prohibited by Section 321  
 of the New York City Health Code.

EXHIBIT

13

